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# **INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL QUARTERLY MEETING MINUTES**

Virtual Meeting  
Tuesday, January 26, 2021  
2pm - 3:30pm

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## **WELCOME**

Lt. Governor Boyd K. Rutherford, Chair, Inter-Agency Council

Members: Russ Strickland, Woodrow Jones, Dr. Aliya Jones, Glenn Fueston, Gray Barton, Steve Schuh, Jay Cleary, Dr. Ted Delbridge

## **APPROVAL OF MEETING MINUTES FOR SEPTEMBER 24**

Meeting minutes for September 24, 2020 approved by Executive Director Glenn Fueston and seconded by Executive Director Gray Barton.

## **OPIOID OPERATIONAL COMMAND CENTER UPDATE**

### **2020 3RD QUARTER FATAL OVERDOSE DATA AND RECENT TRENDS**

Steven R. Schuh, Executive Director, Opioid Operational Command Center

- Substance-Related Fatalities:
  - This data covers unintentional substance-related intoxication deaths for the first 9 months of 2020.
  - In the first 9 months of 2020 there were 2,025 substance-related fatalities, an increase of 12.1% when compared to the first 9 months of 2019.
  - In the first 9 months of 2020 there were 1,829 opioid-related fatalities.
  - 90% of all substance-related fatalities involved opioids.
- Opioid-Related Fatalities:
  - Fentanyl-related deaths represent 93% of all opioid-related deaths, fentanyl accounted for 1,702 fatalities in the first 9 months of 2020, a 16.7% increase when compared to 2019.
  - Heroin fatalities continue to decline, there were 411 heroin-related fatalities, a decrease of 29%.
  - There were 320 prescription opioid-related fatalities, an increase of 12.3%.
  - 18 counties in Maryland saw increases in opioid-related fatalities.
- Non-Opioid Related Fatalities:
  - There were 688 cocaine-related fatalities, an increase of 5.8% over the period.
  - There were 431 alcohol-related deaths, an increase of 37.3%.
  - There were 52 methamphetamine-related deaths, an increase of 79.3%.
- Non-Fatal Opioid Overdose ED Visits:

- In the first 9 months of 2020 there was a 17.7% decrease in non-fatal opioid overdose ED visits when compared to the first 9 months of 2019.
- Substance-Related Intoxication Death Demographics:
  - ¾ of substance-related fatalities were men.
  - Non-Hispanic whites saw a 15% increase in substance-related fatalities and Non-Hispanic African Americans saw an 8.5% increase in substance-related fatalities.
  - Opioid-related fatalities by age cohort remains relatively even.

## **INTER-AGENCY COORDINATION PLAN**

- Programmatic Developments:
  - Awareness and Education Campaigns
    - 211, press 1, Naloxone leave behind, etc.
  - PDMP's Provider Insight Reports
  - Department of Aging's Distribution of Detera Pouches
    - 5,000 pouches were distributed at local senior centers
  - Expansion of the Handle with Care Program
    - Currently in 765 schools in 16 jurisdictions in the state
  - Expansion of Syringe Service Programs
    - Since March of 2020, 6 new programs have been established
  - Expansion of Law Enforcement Assisted Diversion
    - The state is adding 5 programs throughout the state in 2021
  - Regrounding our Response
- Priority Projects:
  - Enhance state infrastructure to respond to ACE's;
  - Establishment of a comprehensive crisis response system;
  - Utilizing data to inform programmatic decisions;
  - Recovery residence expansion;
  - Care coordination;
  - Wrap around services for individuals who are justice involved

LG: Is the decline in heroin-related fatalities linked to the increase of fentanyl?

Steve Schuh: You are correct and this is because fentanyl is relatively easy to make, fentanyl is compact and easy to hide, and because of its compact nature it's also much stronger than heroin.

LG: Do you think the decline in ED visits is related to COVID?

Dr. Jones: I think that COVID is the driver of the decrease in emergency department visits. People are likely using and overdosing on their own because of social distancing.

Glenn Fueston: The Western area of PA and VA are also experiencing increases in opioid-related overdose deaths, please let me know if you need any help making connections out there.

## **SPECIAL PRESENTATIONS**

## **IACC RACIAL DISPARITIES OVERDOSE TASK-FORCE**

Dr. Aliya Jones, Deputy Secretary, Behavioral Health Administration, Maryland Department of Health

- Unintentional Opioid-Related Overdose Deaths:
  - Deaths among African Americans have more than doubled between 2015 and 2019.
  - Opioid-related fatalities have increased for all age groups.
  - Fatalities of African Americans ages 50 – 59 have the highest numbers of deaths compared to other age groups.
  - African American males are 3x more likely to die than African American Women.
- Fentanyl Cause of Death by Race:
  - 60% of all fentanyl overdoses deaths were experienced by white individuals.
    - No significant rate of increase.
  - 39% of all fentanyl overdose deaths were experienced by African Americans.
    - 33% rate of change in the number of overdose deaths caused by fentanyl.
- Problems with Opioids by Age Group and Race:
  - Whites accounted for one-half of individuals with OUD in the 12 to 25 and the 26 to 49 age group in the treatment population.
  - Whites are disproportionately represented in the opioid treatment and overdose death populations in the younger age groups.
  - African American's in the 50 or over age group accounted for nearly two-thirds of the treatment population.
- Factors that Contributing to Disparate Outcomes:
  - Access to SUD treatment
  - Insurance status
  - Stigma
  - Poverty
  - Trauma
  - Educational attainment
- Racial Disparities Task Force:
  - Mission: To promote more equitable health outcomes by investigating contributing factors and proposing recommended solutions to eliminate racial disparities related to overdose fatalities.
- Task Force Goals:
  - Identify focused, data-informed interventions that will reduce the disparity in overdose fatalities in the Black community.
  - To recommend programs/policies that will decrease factors contributing to the disparity in overdose deaths.
  - To determine how to increase acceptance of evidence-based practices in affected communities using a targeted approach.
  - To ensure equitable allocation of resources to targeted communities.
- Task Force Membership:
  - State Govt.

- Local Govt.
- Provider community
- Academia
- Clergy
- Advocacy
- Individuals with lived experience
- Business community
- Deliverables:
  - Report to the Inter-Agency Opioid Coordinating Council
  - Report timeline: October 30, 2021

LG: Baltimore has always been a heroin town, but have you ever done an overlay of age and location?

Dr. Jones: Baltimore has historically had a problem with opioids, the older community throughout the state is having a problem with opioids. Within this task force we will do a better job at fostering partnerships within communities that are seeing a substantial increase in overdose fatalities.

Glenn Fueston: Are we seeing the same disparity with other drugs or just opioids and are there services in place to support them?

Dr. Jones: Opioid-related fatalities are by far the most deadly and we understand that poly-substance use is a contributing factor.

## **NALOXONE SATURATION FORMULA**

Erin Russell, Center Chief, Center for Harm Reduction, Maryland Department of Health

- Mission:
  - To promote, protect, and improve health and well-being of all Marylanders through provision of public health leadership and through local health departments, providers, community-based organizations, and public and private sector agencies.
- Vision and Strategic Goal:
  - Health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner;
  - People who use drugs have equitable access to high quality care; and
  - Services provided to people who use drugs are free from stigma and discrimination.
  - Our strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.
- How to get Naloxone:
  - Obtain a prescription from your medical provider;
  - Ask for naloxone at your local pharmacy, available by standing order; and
  - Visit one of 150+ Overdose Response Programs.
- Saturation Formula:
  - 9-20 x opioid overdose deaths in a jurisdiction in the hands of people who are at high risk of overdose.

- Study population: people within 4 weeks of prison release or hospital discharge.
- Original study found achieving saturation leads to a 20 -30 % reduction in overdose-related deaths.
- Saturation Impact in Maryland:
  - If saturation is met for 1 quarter:
    - OD deaths went down by an average of 3 deaths compared to previous quarter.
- Target Distribution and Saturation:
  - Targeted distribution approach to get naloxone into the hands of those most likely to witness an overdose.
    - Family members of people who use drugs.
    - Social experience with using drugs.
- The Formula: 2019
  - Target Saturation = # of people that died of opioid overdose in jurisdiction x 20
- Our Goal:
  - Each jurisdiction will achieve naloxone saturation among people at high risk of overdose by the end of SFY21.

LG: Do you feel that the saturation in Anne Arundel County has had a positive impact based on the earlier analysis?

Erin: Yes, and I feel like it was informally tested with COVID. AA County has further expanded access to naloxone.

Glenn Fueston: Are you tracking saturation on the local level in the same areas of where an overdose is occurring?

Erin: We are tracking this on a county level. We are using this as a mobilization tool and local health departments are tracking overdoses on ODMAP and other tools.

Dr. Jones: With regards to the calculation of saturation, are you tracking the difference between heroin and fentanyl overdoses?

Erin: The study looks at opioid overdose deaths, heroin and fentanyl overdoses are combined in the study.

## **NEXT STEPS**

Lt. Governor Rutherford  
Steve Schuh